MAR 2 1 2007
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UNIT

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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	/ OMB APP	ROVAL 1
	OMB Number:	3235-0076
	Expires:	April 30, 2008
	Retirect	

check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Financing Name of Offering Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): ☐ New Filing ☐ Amendment Type of Filing: Amendment No. 2 to Form D filed on September 11, 2002 A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Navin Communications, Inc. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) 650-210-3770 87 Pioneer Way, Suite 105, Mountain View, CA 94041 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above Same as above Brief Description of Business Internet Software Development Type of Business Organization \times other (please specify): corporation limited partnership, already formed MAR 27 2007 business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 0 2 THOMSON 9 9 🔀 Actual - 🔲 Estimated FINANCIAL Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) |D|E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer □ Director General and/or Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Bhatia, Sabeer Business or Residence Address (Number and Street, City, State, Zip Code) c/o Navin Communications, Inc., 87 Pioneer Way, Suite 105, Mountain View, CA 94041 Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Patel, Yogesh Business or Residence Address (Number and Street, City, State, Zip Code) c/o Navin Communications, Inc., 87 Pioneer Way, Suite 105, Mountain View, CA 94041 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Patil, Suhas S. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Navin Communications, Inc., 87 Pioneer Way, Suite 105, Mountain View, CA 94041 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) QInvest-A5 Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) Kaya Flamboyan 9, Curacao, Netherland Antilles Promoter Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Oman International Development & Investment Co., SAOG Business or Residence Address (Number and Street, City, State, Zip Code) c/o Mr. Deepak Atal, P.O. Box 3886, Rowi 112, Sultanate of Oman Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Judge, Raj S. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Wilson Sonsini Goodrich and Rosati, 650 Page Mill Road, Palo Alto, CA 94304 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Vishwas R. and Arati V. Godbole Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

20695 Rice Court, Saratoga, CA 95070

2. Enter the information reques	sted for the follow	ring:				
Each promoter of the is:	suer, if the issuer h	as been organized w	rithin the past five years;			
 Each beneficial owner has 	wing the power to v	ote or dispose, or dire	ect the vote or disposition of	, 10% or more of a	class	of equity securities of the issuer.
Each executive officer a	nd director of corp	orate issuers and of o	corporate general and man	aging partners of p	artne	rship issuers; and
 Each general and mana 	ging partner of pa	rtnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)					
Business or Residence Address (N	Number and Street	, City, State, Zip Co	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address (N	Number and Street	, City, State, Zip Co	de)	· .		· ,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address (N	lumber and Street	, City, State, Zip Coo	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					···· <u>·</u>
Business or Residence Address (N	lumber and Street	, City, State, Zip Coo	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				•	
Business or Residence Address (N	lumber and Street	, City, State, Zip Coo	le)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)		·· , <u>, , , , , , , , , , , , , , , , , </u>			v
Business or Residence Address (N	lumber and Street	, City, State, Zip Coo	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if indi	ividual)		,			
Business or Residence Address (N	lumber and Street.	City, State, Zin Coo	le)			

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2. Enter the information requested for the following:	AND A HISTORY OF A LINE OF THE		- Miles
Each promoter of the issuer, if the issuer has been organized within the past five year.	ears;	•	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposit		a class of equity securities of the	issuer.
Each executive officer and director of corporate issuers and of corporate general and		•	
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director	General and/or Managing Partner	
Full Name (Last name first, if individual)			
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Business or Residence Address (Number and Street, City, State, Zip Code)	-	<u>. </u>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director	General and/or Managing Partner	
Full Name (Last name first, if individual)		1.00	
Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	ı
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director	General and/or Managing Partner	:
Full Name (Last name first, if individual)		•	
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director	General and/or Managing Partner	-
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			ļ,
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Full Name (Last name first, if individual)			<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director	General and/or Managing Partner	
Full Name (Last name first, if individual)			,
Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director	General and/or Managing Partner	
Full Name (Last name first, if individual)			•
Business or Residence Address (Number and Street, City, State, Zip Code)	•		.1

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ì.	Has the	issuer sol	d, or does t	he iss	suer inte	nd to se	ell, to n	on-acci	redite	d inv	estors	this o	fferin	ıg?			Yes	No 🖂
Answer also in Appendix, Column 2, if filing under ULOE.																		
2.	2. What is the minimum investment that will be accepted from any individual?									<i>.</i>	\$ No minimum							
_												-					Yes . ⊠	No
3. 4.			permit join ation reque														. Д.	ш
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such								ne offering. with a state										
a broker or dealer, you may set forth the information for that broker or dealer only.																		
Ful	l Name (I	Last name	first, if ind	ividu	al)											4		
Bus	iness or l	Residence	Address (N	umb	er and S	treet, C	ity, Sta	te, Zip	Code	;)								
Nar	ne of Ass	sociated B	roker or De	aler												•		
Stat	es in Wh	ich Persor	Listed Has	Soli	cited or	Intends	s to Sol	icit Pu	chase	ers								
	(Chec	ck "All Sta AK	ites" or che	ck in	dividual AR	States)CA	•••			 СТ		DÉ		DC .	FL		HI	All States
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Full	Name (I	Last name	first, if indi	vidu	al)												٠.	
Bus	iness or I	Residence	Address (N	umb	er and S	treet, C	ity, Sta	te, Zip	Code	:)							•	
Nar	ne of Ass	ociated B	roker or De	aler			•					•						
Stat	es in Wh	ich Person	Listed Has	Sali	cited or	Intende	to Sol	icit Dur	chase				<u> </u>					
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Business or Residence Address (Number and Street, City, State, Zip Code)																		
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and	•		
	already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Price		Sold
	Debt\$	0.00	\$	0.00
	Equity\$	4,000,000	\$	3,532,960
	☐ Common ☑ Preferred			
	Convertible Securities (including warrants)	0.00	\$_	0.00
	Partnership Interests\$		\$	0.00
	Other (Specify)\$	0.00	\$	0.00
	Total		\$	3,532,960
	Answer also in Appendix, Column 3, if filing under ULOE.		•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:		Aggregate Dollar Amount of Purchases
	Accredited Investors	17	\$	3,532,960
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)		\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			•
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	0	S	0.00
		0	\$	0.00
	Rule 504	0	\$	0.00
	Total		\$	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees		\$	801.00
	Accounting Fees		\$	0.00
	Engineering Fees		\$	0.00
	Sales Commissions (specify finders' fees separately)		\$	0.00
	Other Expenses (identify)		\$	0.00
	Total		\$	801.00

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proceeds to the issuer."	conse to Part C — Question 4.a. This difference is the "adju			\$3,9	99,199.00
each of the purposes shown. If the check the box to the left of the esti	adjusted gross proceed to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal the adjuresponse to Part C — Question 4.b above.	imate and			
		Q Dir	yments to Officers, ectors, & ffiliates		yments to Others
Salaries and fees		s_	0.00	□ \$	0.00
Purchase of real estate		🗆 s_	0.00	□ s	0.00
Purchase, rental or leasing and ins	stallation of machinery	_			*
and equipment		S_	0.00	S	0.00
Construction or leasing of plant b	buildings and facilities	S_	0.00	S _	. 0.00
offering that may be used in excha	including the value of securities involved in this nange for the assets or securities of another	🔲 s _	0.00	□ s	0.00
Repayment of indebtedness		🔲 s_	0.00	s_	0.00
Working capital		🗆 s_	0.00	∑ \$3,9	99,199.00
Other (specify):			0.00	□s	0.00
	A40-	s_	0.00	□s	0.00
	otals added)		0.00		99,199.00
			<u> </u>	3,9	999,199.00
	DIFEDERALSIGNATURE				
signature constitutes an undertaking by	o be signed by the undersigned duly authorized person. If y the issuer to furnish to the U.S. Securities and Exchanger to any non-accredited investor pursuant to paragraph (e Commission,	upon writte	ile 505, ti n request	ne following t of its staff,
Issuer (Print or Type)	Signature // Q	Date			
Navin Communications, Inc.		^	March	13	_, 2007
Name of Signer (Print or Type) Sabeer Bhatia	Title of Signer (Print or Type) President and Chief Executive Office	cer .	:		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

